

Ophthalmology mini OSCE exam (Rouh)
12 March 26

Done by
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Q1) Indicate whether each of the following statements refers to CT or MRI.

1. This imaging modality is generally considered safer during pregnancy.
2. This modality is commonly used for evaluating orbital diseases.
3. Better visualization of soft tissues.
4. This modality is more sensitive for detecting calcifications .
5. This modality is generally less expensive
6. This modality is preferred when rapid imaging is required, as it usually takes less time to perform.
7. This imaging modality is contraindicated in patients with certain metallic implants such as a pacemaker.
8. Apex Orbital syndrome
9. Imaging modality provides simulation and reconstruction of images in multiple planes.



بتشبهه هاي الصورة

A 25-year-old female presents to the emergency department with severe pain in her right eye, photophobia, tearing ,purulent discharge, and blurred vision. On examination, the visual acuity in both eyes is 6/12. Present RAPD .She is wearer of soft contact lenses.Slit-lamp exam reveals a stromal infiltrate in the cornea.

Q2)What is the most likely diagnosis?

- A. Acute Anterior Uveitis
- B. Microbial Keratitis

Q3)Which of the following findings most strongly supports the diagnosis?

- A. Stromal corneal infiltrate

Q4) What is the most appropriate initial management approach immediately?

- A. Topical steroid
- B. Topical broad spectrum antibiotic
- C. Antifungal
- D. patch the affected eye and watch and Observation
- E.lubricating drops

Q5) Which of the following is the most serious complication that may occur if this condition is not treated promptly?

A. Corneal Ulcer

60 years old presented with lesion that developed in the lower lid over 2 weeks, erythematous with center keratin core.

Q6) what is your diagnosis?

- A. Basal cell carcinoma
- B. Squamous cell carcinoma
- C. Sebaceous carcinoma
- D. Keratoacanthoma

Answer: D

Q7) Which feature favors keratoacanthoma over basal cell carcinoma?

- A. Slow progressive
- B. Surface telangiectasia
- C. Central keratin-filled crater with rapid growth
- D. Feathery irregular borders

Answer: C

Q8) Definite management?

- A. surgical excision and histopathology
- B. topical steroid
- C. cryotherapy only
- D. observe for spontaneous regression

Answer: A

Q9) The cause of his symptom:

- A) Third cranial nerve palsy
- B) Horner syndrome
- C) Adie's tonic pupil
- D) optic neuritis

Answer: B

Q10) What site of neuronal damage?

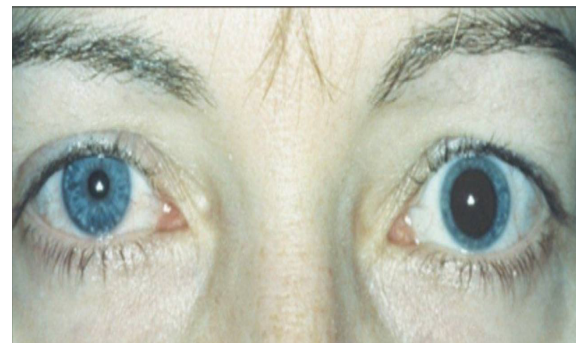
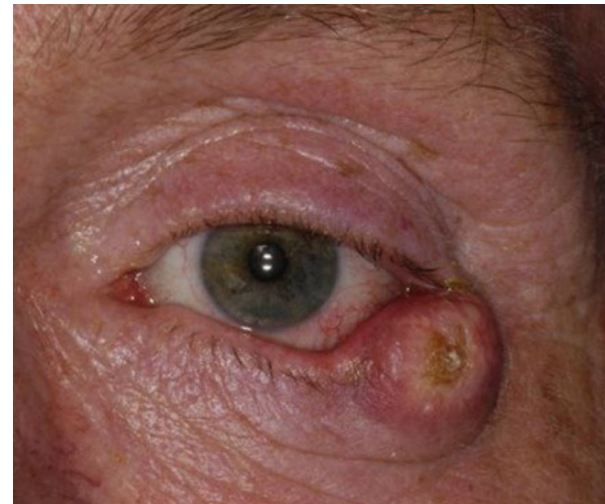
- A) sympathetic pathway
- B) parasympathetic efferent pathway to pupil
- C) demyelination

Answer: A

Q11) What is the triad of this condition?

- A) miosis, pain, discharge
- B) ptosis, squint, diplopia
- C) ptosis, anhidrosis, miosis
- D) ophthalmoplegia, ptosis, down and out

Answer: C



Q12)How to differentiate between horner and 3rd CN palsy?

- A.Limitation of eye movement
- B.diplopia
- C.normal Light reflexeon pupil causes miosis
- D.Dilated pupil

Answer: C

Q13)Acute onset of horner syndrome in adult. Next step?

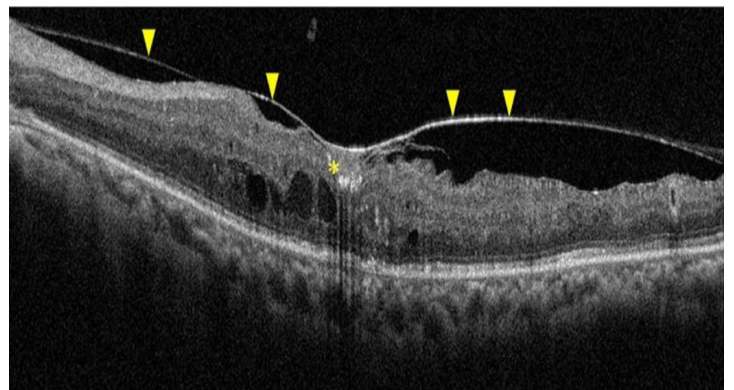
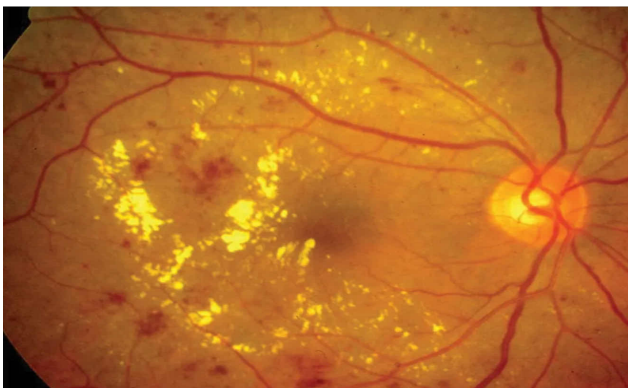
- A)neuroimaging

Answer: A

Q14)

- 1.Salmon lesion on conjunctiva :** Orbital lymphoma
- 2.S-shaped eye :** Neurofibromatosis
- 3.Corkscrew conjunctival vessels :** AV fistula
- 4.Frozen globe :** Metastatic invasions
- 5.Proptosis :** Axial displacement of eye
- 6.Dystopia :** Coronal displacement of eye
- 7.Enophthalmos :** Orbital wall fracture
- 8.Lid retraction :** Thyroid eye disease
- 9.Facial asymmetry :** Neurofibromatosis or fibrous change
- 10.Black spot on nasopharynx :** Mucormycosis

تقريباً مثل هدول الصور



60-year-old male with diabetes mellitus and atrial fibrillation (AFib).Fundus Exam show Cotton wool spots ,Hard exudates near the macula ,Dot/blot hemorrhages and Neovascularization

Q15)What is the most likely diagnosis of his diabetic retinopathy?

- A. Mild Non-Proliferative Diabetic Retinopathy (NPDR)
- B. Moderate NPDR
- C. Severe NPDR
- D. Proliferative Diabetic Retinopathy (PDR)

Q16) Which of the following findings most strongly supports your diagnosis?

- A. Cotton wool spots
- B. Hard exudates near the macula
- C. Dot/blot hemorrhages
- D. Neovascularization
- E. Microaneurysm

Q17) What is the most appropriate initial management to protect this patient's future eye health?

- A. Blood test assessment
- B. Repeat fundus exam in 12 months
- C. Optical coherence tomography (OCT) of the macula
- D. Fluorescein angiography
- E. Immediate pan-retinal photocoagulation

Q18) Which of the following is the most important factor affecting this patient's long-term visual prognosis?

- A. Age over 55
- B. Duration of diabetes mellitus
- C. Hard exudates near the macula

Q19) Which of the following is the complication you fear most in this patient?

- A. Retinal detachment
- B. Neovascular glaucoma
- C. Cataract

60-year-old male with AFib. Sudden, painless loss of vision in the right eye. A fundus photo shows a pale retina with a central red fovea ("cherry red spot").

Q20) What is the most likely diagnosis?

- A. Central retinal artery occlusion

Q21) Immediate management?

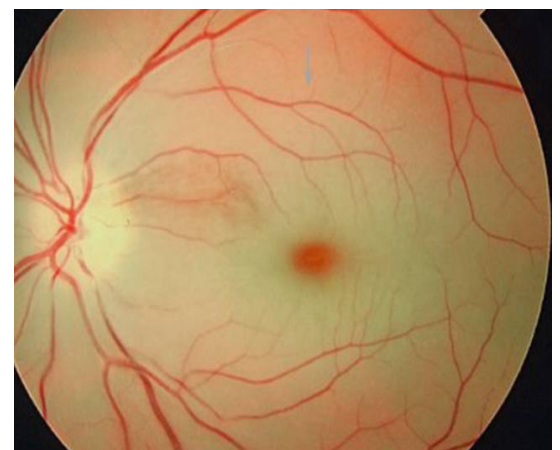
- A) Start steroids
- B) Ocular massage
- C) Laser photocoagulation
- D) Observation

Q22) Investigation to prevent future events?

- A) MRI brain
- B) Echocardiography
- C) Carotid Doppler ultrasound (athroma)
- D) Blood test

Q23) What is the cause of the cherry-red appearance at the fovea?

Choroidal circulation visible through the thin fovea



A child presented with leukocoria (white pupillary reflex).

Q24)What is the most likely diagnosis?

- A. Congenital cataract
- B. Retinoblastoma
- C. Coats disease

Q25)Which gene is most commonly responsible for this condition?

- A. RB1 gene

Q26)If the condition is bilateral, what does this suggest about the cause?

- A) Sporadic mutation
- B) Hereditary mutation in RB1 gene
- C) Trauma-related
- D) Infectious origin

Q27)What is the most appropriate immediate management ?

- A. Start topical corticosteroids
- B. Observe and review after 1 month
- C. Refer the child urgently to a specialized oncology center
- D. Prescribe antibiotic eye drops

Q28)Regarding this condition, which of the following statements is FALSE?

- A. It's caused by RB1 gene mutation
- B. It's a benign condition that doesn't require further intervention
- C. Plaque radiotherapy can be used for solitary cases
- D. It may cause retinal detachment
- E. Trilateral form tends to be bilateral

